

**CLAIMS ONLY**

Application Number

**Applicant(s)**

Filing Date

10-27-05 41286

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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49						
50						
Total Indep			4		4	
Total Depend			36		36	
Total Claims			40		40	

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						